Softball Roster



eam Name					
Manager's Name:					
Mailing Address:	Street Number				
		CityE-Mail Address: Coed		Zip	
eague: Mens	Womens				
Athletics Program will have abide by any rules and reg. In consideration for the rig damage suffered by mysel conditioning are necessary have read and understand the a	All players must following: Our its own insurance. The City of Eugenees and regulations as set forth by the City we ultimate decision-making authority on a ulations can jeopardize my team's participate to participate in this activity, I agree to for others as a result of my participation of Jagree to assume those risks on behalf above agreement:	of Eugene Library, Recreation and any matters that might arise concer- pation in this league. indemnify and hold harmless the n this activity. I understand that the of myself.	nelow: ce coverage for participants Cultural Services Departn rning any one of the league City of Eugene and its age	nent (LRCS). The LRC es. I understand that my ents for any claim for in	
PLAYERS MUS		NIMUM OF 12 PLAYERS			
PLAYER'S NAME	PLAYER'S SIGNATURE	ADDRESS	PHONE	AGE *ABIL RATIN	
1.					
2.					
3.					
4.					
5.					
6.					
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20.					

_ Number_____ Amount Paid __

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